



REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/729,887
Filing Date	1/15/2003
First Named Inventor	Hopkins, Sr., Gary
Art Unit	
Examiner Name	
Attorney Docket Number	AH126/2005/21

I hereby revoke all previous powers of attorney or authorization of agent given in the above-identified application.

☒ A power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number

OR

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	STEAMWAY Franchise Sales, Inc. Gary L. Hopkins, Sr., President		
Signature	<i>Gary L. Hopkins Sr.</i>		
Date	12-7-05	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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